

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HFD12-0017	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 09/27/2007
NAME OF PROVIDER OR SUPPLIER WARD		STREET ADDRESS, CITY, STATE, ZIP CODE 302 'S' ST, NE WASHINGTON, DC 20002		
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{1 000}	INITIAL COMMENTS This follow up survey was conducted on September 27, 2007. The facility current population consist of five males with mental retardation ranging from moderated to severe. The purpose of the follow up visit was to determine if corrective action had been implemented as described on the August 9, 2007 survey deficiency report and plan of correction dated September 4, 2007, 2007. Three of the five clients were selected for the sample. The findings of this survey resulted from observation, interviews with the direct care staff, nurse and Program Coordinator, review of habilitation and administrative records which included the unusual incident reports.	{1 000}		2007 NOV - 8 P 12:15 RECEIVED DEPARTMENT OF HEALTH HEALTH REGULATION ADMINISTRATION
1 042	3502.2(b) MEAL SERVICE / DINING AREAS Modified diets shall be as follows: (b) Planned, prepared, and served by individuals who have received instruction from a dietitian; and... This Statute is not met as evidenced by: The finding includes: 1. Review of Resident #2's record revealed that he has a diet order that requires him to have low saturated fats and cholesterol. The order also indicated that the client should receive 1 8oz can of low sodium vegetable juice daily. The Program Coordinator was asked to show the surveyor the vegetable juice to ensure its availability for the client. There was no vegetable juice in the facility at the time of the re-visit. 2. Review of Resident's #2 and #5's diet orders	1 042	1. House Manager will go to grocery store weekly to maintain vegetable juice in facility at all times. 2. Menu's in facility reflect prescribed diet and by nutritionist, who will monitor quarterly and find enclosed staff in-service on nutrition dated 10-1-07.	10/23/07 10/23/07.

Health Regulation Administration

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

STATE FORM

Michael Wane

TITLE

Program Director

(X6) DATE

11-6-07

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If continuation sheet 1 of 9

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I 042	Continued From page 1 revealed that they were prescribed a low saturated fat/low cholesterol diet. Review of the menus for the residence however, failed to evidence menu items that ensure that the ordered diets implemented as ordered.	I 042			
I 056	3502.14 MEAL SERVICE / DINING AREAS Each GHMRP shall train staff in the storage, preparation and serving of food, the cleaning and care of equipment, and food preparation in order to maintain sanitary conditions at all times. This Statute is not met as evidenced by: The finding includes: The pots and pans were observed on September 27, 2007. The pans were rusted with black baked on food in them. Although the plan of correction (POC) for the survey dated August 9, 2007 indicated that the pots and pans would be replaced by September 22, 2007, it was evident that they had not been replaced as indicted in the POC.	I 056	New pots and pans where purchased on 10/15/07 and House Manager will monitor weekly and Program Coordinator will monitor monthly using the weekly check list. (copy enclosed)	10/23/07.	
{I 058}	3502.16 MEAL SERVICE / DINING AREAS A review and consultation by a dietitian or nutritionist shall be conducted at least quarterly to ensure that each resident who has been prescribed a modified diet receives adequate nutrition according to his or her Individual Habilitation Plan. This Statute is not met as evidenced by: Based on interview and record review, the GHMRP failed to ensure that residents with	{I 058}			

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{I 058}	Continued From page 2 modified diets had been reviewed at least quarterly by the consulting dietitian for four of five residents. (Residents #1, #2, #3, #4 and #5) The findings include: Review of Resident #1's medical records on September 27, 2007, failed to show evidence that the residents' modified diet had been assessed/reviewed by the dietitian at least every three months. The most recent quarterly nutrition review for the Residents #1, #2, #3, #4 and #5) was December 12, 2006. Consumer #2's last quarterly was dated December 2006. At that time, the nutritionist wrote "diet still seems lacking in vegetables". There was a written recommendation to "replace diet with modifications". It should be mentioned that Consumer #2 went to the emergency room due to constipation in May 2007. In March 2007, the consumer had a bowel obstruction and no input was provided by the nutritionist. There was no evidence that the recommendation to modify the diet had been implemented since mentioned in 2006.	{I 058}	Nutritionist Ms. [REDACTED] has done assessments for residents #1, #2, #3, #4 and #5. Program Coordinator and RN will monitor records quarterly to ensure nutrition is followed quarterly.	10/23/07
{I 229}	3510.5(f) STAFF TRAINING Each training program shall include, but not be limited to, the following: (f) Specialty areas related to the GHMRP and the residents to be served including, but not limited to, behavior management, sexuality, nutrition, recreation, total communications, and assistive technologies; This Statute is not met as evidenced by: Based on interview and record review, the	{I 229}		

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(I 229)	Continued From page 3 GHMRP failed to ensure each training program included specialty areas needed by the residents being served. The finding includes: Review of the in-service training records on September 27, 2007 failed to provide evidence of training to direct care staff in the areas of Individual Program Plan (IPP) implementation and documentation for Resident #1's money management. According to Resident #1's IPP, there was an objective which stated, "[the resident] will count coin combinations up to \$1.50 for four out of five trials, three times weekly." The documentation from March 2007, reflected that on each occasion only three trials were offered and two achieved. In May, it was documented that only two trials were given and one trial on each occurrence was achieved. It should be noted that the data sheet requested that the resident identify coins.	(I 229)	Resident #1 does not currently have a money management goal. However resident #2 does and his data collection has been revised to reflect the goal as stated please find enclosed copies of IPP Goal #2 and data collection form. The Program Coordinator will monitor monthly and Program Director will monitor quarterly.	10/23/07	
I 390	3520.1 PROFESSION SERVICES: GENERAL PROVISIONS Each resident of a GHMRP, regardless of his or her age or degree of disability, shall receive the professional services required to meet his or her needs as identified in his or her individual habilitation plan in accordance with the current "Outcome Performance Measures" from the "Council on Quality and Leadership in Support for People With Disabilities" (Council) and to the extent of funds appropriated for purposes of D.C. Law 2-137, as amended. This Statute is not met as evidenced by: The finding includes:	I 390			

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1390	Continued From page 4 Review of Resident #5's record revealed that the residents was prescribed Dilantin to control seizures. Review of the physician's orders revealed that the resident's Dilantin levels should be monitored quarterly. Review of the medical record failed to evidence Dilantin levels for Resident #5. Interview with the Program Coordinator revealed that Resident #5 refused to have his blood drawn and that he had a desensitization program in place to improve his compliance with medical appointments. On February 28, 2007, Resident #5 was taken to the lab however refused. Review of the program data failed to show evidence that the desensitization program had been implemented.	1390	Please find enclosed frequency of Target Behavior for 2/07 which indicates that resident #5 did not comply with appointment. 2nd find enclosed ABC form which indicates on 2/28/07 that was unresponsive to BSP techniques to encourage compliance with appointment.	10/23/07
(1391)	3520.2(a) PROFESSION SERVICES: GENERAL PROVISIONS Each GHMRP shall have available qualified professional staff to carry out and monitor necessary professional interventions, in accordance with the goals and objectives of every individual habilitation plan, as determined to be necessary by the interdisciplinary team. The professional services may include, but not be limited to, those services provided by individuals trained, qualified, and licensed as required by District of Columbia law in the following disciplines or areas of services: (a) Medicine; This Statute is not met as evidenced by: Based on record review, the GHMRP failed to provide preventive and general care for one of five clients in the facility. (Resident #1)	(1391)	finally find enclosed copy of Lab request that indicates that PT. refused blood work. Also find enclosed copy of staff training on BSP's dated 10/12/07.	

PRINTED: 10/12/2007
FORM APPROVED

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{ 381 }	Continued From page 5 The findings include: Review of the plan of correction dated September 4, 2007 failed to correct the deficiency as indicated. 1. Review of the Resident #1's medical record on September 25, 2007 indicated that the resident had a dental consultation on May 8, 2007. The dentist assessed that the resident had moderate calculus deposits. It was recommended that the resident needs scaling. At the time of B-visit, the GHMRP failed to have documented evidence of the dental service being rendered. According to Resident #1's medical records dated April 11, 2007, a repeat bleeding time was requested and the consumer was to return in six weeks. There was no documented evidence that the recommendation had been carried out.	{ 391 }	Tag I391 Resident #1 was taken to the Dental Office Of _____ on October 10, 2007 to receive the proposed deep scaling. Pre-approval by MA for dental services such as deep scaling is causing significant delays in service to individuals supported by Ward and Ward and other providers through out the District of Columbia. The deep scaling procedure remains incomplete as resident #1 did not cooperate, and additional funding deep conscious sedation will not be released until January 2008. Will continue to request funding. Resident #1 did not return to Dr. _____ 's office within the requested six week period after his 4/11/07. Additional RN oversight of residential nurse's coordination of care will begin Monday October 22, 2007. All medical service forms for the previous week will be reviewed and initiated by RN and L.P.N. On 10/10/07 at 3:30pm Resident #1 was seen by Dr. _____ . The hematologist reported no evidence of bleeding at this time and requested resident #1 return I/RN or in six months. Residential nursing oversight of resident #1 will extend to verifying the completion of at the six month (April 2008 appointment) and complying with any recommendations authorized by the primary.		
{ 394 }	3520.2(d) PROFESSION SERVICES: GENERAL PROVISIONS Each GHMRP shall have available qualified professional staff to carry out and monitor necessary professional interventions, in accordance with the goals and objectives of even individual habilitation plan, as determined to be necessary by the interdisciplinary team. The professional services may include, but not be limited to, those services provided by individuals trained, qualified, and licensed as required by District of Columbia law in the following disciplines or areas of services: (d) Nutrition; This Statute is not met as evidenced by:				

Health Regulation Administration
STATE FORM

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If continuation sheet 8 of 9

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{1 394}	Continued From page 6 The GHMRP failed to provide nutritional monitoring to direct care staff to carry out the resident's prescribed diet, as determined to be necessary by the interdisciplinary team. The findings include: 1. Review of Client #5's physician's orders revealed a diet order that indicated that the foods was to be modified by staff for chewing. Review of the training manual failed to evidence training for the staff on how the food was to be modified for chewing. In addition, there was no evidence of a swallow/chewing study to validate the need for the residents foods to be modified. 2. Review of the Residents #1, #2, and #3 medical record revealed that the facility failed to provide nutrition consultation. There was no evidence that the facility's nutritionist had visit/assessed the residents since December 2006.	{1 394}	#1 Individual will see P.C.P. to assess modified chewing, will follow recommendations from P.C.P. #2 see 1058.	10/23/07 10/23/07
{1 401}	3520.3 PROFESSION SERVICES: GENERAL PROVISIONS Professional services shall include both diagnosis and evaluation, including identification of developmental levels and needs, treatment services, and services designed to prevent deterioration or further loss of function by the resident. This Statute is not met as evidenced by: The finding includes: Review of the Plan of Correction (PoC) dated September 4, 2007, the GHMRP failed to obtain psychiatric assessments for Residents #1 and #3	{1 401}	Dr. [REDACTED] has done psychiatric assessments for individuals #1 and #3 on 10/8/07. RN and Program Director will monitor records quarterly to make sure of annual assessments.	10/23/07

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{I 401}	Continued From page 7 as indicated in their PoC. 1. Review of Resident #1's medical record on September 25, 2007 at 10:30 AM, revealed that the resident is prescribed Risperdal 1 mg. There was no psychiatric assessment available to determine the consumer's diagnosis to determine the necessity for the psychotropic medication. 2. Review of Resident #3 medical record on September 25, 2007 at 10:30 AM, the resident was prescribed Risperdal 2 mg; however, there was no psychiatric assessment to support the use of the medication. There was a document identified by the House Manager as "annual continuation of psychotropic medications" on file; however, the document was not an assessment.	{I 401}			
{I 436}	3521.7(f) HABILITATION AND TRAINING The habilitation and training of residents by the GHMRP shall include, when appropriate, but not be limited to, the following areas: (f) Health care (including skills related to nutrition, use and self-administration of medication, first aid, care and use of prosthetic and orthotic devices, preventive health care, and safety); This Statute is not met as evidenced by: Based on record review, the GHMRP failed to ensure the habilitation and training of residents in the domain of self medication. The finding includes: Interview with the Facility Coordinator on September 27, 2007 failed to provide the corrected measures as indicated in the Plan of Correction (PoC) dated September 4, 2007.	{I 436}			

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{1 436}	Continued From page 8 Interview with the Registered Nurse (RN) on September 25, 2007 at approximately 11:30 AM, confirmed that current self medication assessment had not been completed as indicated in the PoC.	{1 436}	find enclosed self medication assessments for Residents #1, #2 and #3 dated 10-1-07.	10/23/07	
{1 437}	3521.7(g) HABILITATION AND TRAINING The habilitation and training of residents by the GHMRP shall include, when appropriate, but not be limited to, the following areas: (g) Communication (including language development and usage, signing, use of the telephone, letter writing, and availability and utilization of communications media, such as books, newspapers, magazines, radio, television, telephone, and such specialized equipment as may be required); This Statute is not met as evidenced by: Based on observation, staff interview and record review, the facility failed to provide habilitation and training for one of the four residents included in the sample. (Resident #4) The findings include: Interview with the Facility Coordinator failed to provide the corrected measures as indicated in the facility's Plan of Correction (PoC) dated September 4, 2007. The facility failed to provide evidence that Resident #3's behavior of inappropriate touching had been addressed as recommended.	{1 437}	Please find enclosed copy of BSP for individual #3 to address inappropriate touching.	10/23/07	